

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90095 021 ****61.25

DOCUMENT # N49497

1. Corporation Name

**AMERICAN LEGION POST 332 KENNEDY SPACE CENTER, F
LORIDA INC.**

Principal Place of Business

P.O. BOX 21213
KENNEDY SPACE CENTER FL 32899

Mailing Address

P.O. BOX 21213
KENNEDY SPACE CENTER FL 32899



335387 - 90095 - 21

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

06/22/1992

4. FEI Number

59-3242340

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**RODERICK, JOAQUIM M
22 EMERALD COURT
SATELLITE BEACH FL 32937**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME CHAPMAN, RAYMOND L.
STREET ADDRESS 123 ROSEWOOD DR.
CITY-ST-ZIP COCOA FL

TITLE D ☒ DELETE
NAME O'CONNOR, JACK
STREET ADDRESS 720 SO. BREVARD AVE., ATP. 313
CITY-ST-ZIP COCOA BEACH FL

TITLE D ☒ DELETE
NAME WALLY, FRANK J
STREET ADDRESS 383 OAK COVE RD.
CITY-ST-ZIP TITUSVILLE FL

TITLE D ☐ DELETE
NAME VIRATA, MANUEL R.
STREET ADDRESS 1660 N. BANANA RIVER DR.
CITY-ST-ZIP MERRITT ISLAND FL

TITLE D ☐ DELETE
NAME RODERICK, JOAQUIM M
STREET ADDRESS 22 EMERALD CT.
CITY-ST-ZIP SATELLITE BCH. FL

TITLE D ☐ DELETE
NAME BROWN, GARVIS
STREET ADDRESS 1440 N BELFORD COURT
CITY-ST-ZIP MERRITT ISLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME KORB, FLOYD A
1.3 STREET ADDRESS 610 JANICE CT
1.4 CITY-ST-ZIP MERRITT ISLAND FL 32952

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME FLAVIN, MARY E
2.3 STREET ADDRESS 125 ROSEWOOD DR
2.4 CITY-ST-ZIP COCOA FL 32926

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME TROXEL, JOHN F
3.3 STREET ADDRESS 1201 KILLARNEY CT
3.4 CITY-ST-ZIP ROCKLEDGE FL 32956

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARY E FLAVIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER REQUIRED

4-12-99 407-631-4439
Date Daytime Phone #

CR2E037 (11/98)